
County: Winnebago
PARK VIEW HEALTH CENTER - PLEASANT ACRES
725 BUTLER AVENUE, PO BOX 10
WINNEBAGO 54985 Phone: (920) 235-5100
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 110
Total Licensed Bed Capacity (12/31/00): 115
Number of Residents on 12/31/00: 110 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 111

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	30. 0 33. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	12. 7	More Than 4 Years	36. 4
Day Servi ces	No	Mental Illness (Org./Psy)	34. 5	65 - 74	6. 4		
Respite Care	No	Mental Illness (Other)	5. 5	75 - 84	33. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39. 1	***************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	2. 7	95 & 0ver	8. 2	Full-Time Equivaler	
Congregate Meals	Yes	Cancer	0. 9			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	6. 4		100. 0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	8. 2	65 & 0ver	87. 3	[
Transportation	No	Cerebrovascul ar	7. 3			RNs	18. 9
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	0. 9
Other Services	No	Respi ratory	10. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	23. 6	Male	22. 7	Aides & Orderlies	53. 2
MentallyIll	No			Femal e	77. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi (Titl	care e 18)		Medic (Title			0th	er	P	ri vate	Pay		Manageo	l Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	2. 2	\$118. 11	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	1. 8%
Skilled Care	5		\$263.66	82	90. 1	\$100.39	ŏ	0. 0	\$0.00	14		\$137.00	ŏ	0. 0	\$0.00	101	91. 8%
Intermediate				7	7. 7	\$82. 68	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	7	6. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		91	100. 0		0	0.0		14	100.0		0	0.0		110	100.0%

Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti	ons, Services	, and Activities as of 12	/31/00
Deaths During Reporting Period					Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	5.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 8	Bathi ng	2. 7		51. 8	[*] 45. 5	110
Other Nursing Homes	15. 1	Dressi ng	16. 4		40. 9	42. 7	110
Acute Care Hospitals	72. 1	Transferri ng	23. 6		40. 0	36. 4	110
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 8		34. 5	43. 6	110
Reĥabilitation Hospitals	0. 0	Eati ng	44. 5		27. 3	28. 2	110
Other Locations	1. 2	***************	******	*****	******	********	******
Total Number of Admissions	86	Conti nence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	16. 4		Respiratory Care	8. 2
Private Home/No Home Health	19. 1	Occ/Freq. Incontinent		55. 5		Tracheostomy Care	0. 9
Private Home/With Home Health	7. 9	Occ/Freq. Incontinent	t of Bowel	45. 5		Suctioning *	2. 7
Other Nursing Homes	14. 6	_			Recei vi ng	Ostomy Care	9. 1
Acute Care Hospitals	14.6	Mobility			Recei vi ng	Tube Feeding	9. 1
Psych. HospMR/DD Facilities	1. 1	Physically Restrained	i	0. 9	Recei vi ng	Mechanically Altered Diet	s 24.5
Reĥabilitation Hospitals	0. 0				_	·	
Other Locations	7. 9	Skin Care			Other Reside	ent Characteristics	
Deaths	34.8	With Pressure Sores		2. 7	Have Advan	ce Directives	59 . 1
Total Number of Discharges		With Rashes		0. 9	Medi cati ons		
(Including Deaths)	89				Receiving	Psychoactive Drugs	51.8

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	Government		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 5	82. 7	1. 17	83. 6	1. 15	84. 1	1. 15	84. 5	1. 14
Current Residents from In-County	96. 4	85. 7	1. 12	86. 1	1. 12	83. 5	1. 15	77. 5	1. 24
Admissions from In-County, Still Residing	34. 9	34. 4	1. 01	22. 5	1. 55	22. 9	1. 52	21. 5	1.62
Admissions/Average Daily Census	77. 5	67. 7	1. 14	144. 6	0. 54	134. 3	0. 58	124. 3	0. 62
Discharges/Average Daily Census	80. 2	72. 5	1. 11	146. 1	0. 55	135. 6	0. 59	126. 1	0.64
Discharges To Private Residence/Average Daily Census	21. 6	23. 7	0. 91	56 . 1	0. 39	53. 6	0. 40	49. 9	0. 43
Residents Receiving Skilled Care	93. 6	83. 9	1. 12	91. 5	1. 02	90. 1	1.04	83. 3	1. 12
Residents Aged 65 and Older	87. 3	83. 5	1. 05	92. 9	0. 94	92. 7	0. 94	87. 7	1.00
Title 19 (Médicaid) Funded Residents	82. 7	77. 2	1. 07	63. 9	1. 29	63. 5	1. 30	69. 0	1. 20
Private Pay Funded Residents	12. 7	17. 9	0. 71	24. 5	0. 52	27. 0	0.47	22. 6	0. 56
Developmentally Disabled Residents	0. 9	3. 4	0. 26	0. 8	1. 11	1. 3	0. 72	7. 6	0. 12
Mentally Ill Résidents	40. 0	56. 6	0.71	36. 0	1. 11	37. 3	1. 07	33. 3	1. 20
General Medical Service Residents	23. 6	14. 3	1. 65	21. 1	1. 12	19. 2	1. 23	18. 4	1. 28
Impaired ADL (Mean)	58 . 9	50.8	1. 16	50. 5	1. 17	49. 7	1. 19	49. 4	1. 19
Psychological Problems	51.8	61. 2	0.85	49. 4	1.05	50. 7	1. 02	50. 1	1.03
Nursing Care Required (Mean)	7. 3	6. 6	1. 10	6. 2	1. 18	6. 4	1. 13	7. 2	1.02